

ATTN:

CLERKS OFFICE

241538

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request for Suspension of Class C Taxi Certificate

LENIS SCOTT

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2008 - 418 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: * LENIS SCOTT

Telephone: * 843-616-8739

Address: * P.O. Box 1382
DARLINGTON, SC. 29540

Fax: *

Other: *

Email: * LENSCTTY@GMAIL.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input checked="" type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



REQUEST FOR SUSPENSION FORM (ORS Rev 3-2-10)

File the original with:

Public Service Commission of South Carolina
Clerk's Office
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 - 5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

DATE:

January 25, 2013

Please consider this as my Request for **Suspension** of:☒ Class C Taxi Certificate Number

8051

☐ Class C Charter Certificate Number☐ Class C Charter Bus Certificate Number☐ Non-Emergency Certificate Number☐ Class E Household Goods Certificate Number☐ Class E Hazardous Wastes Certificate Number

January 31, 2014

I request that my certificate be suspended until

Date: (XX/XX/XXXX)

LENIS SCOTT

(Name of Company)

D/B/A

N/A

(if applicable)

PO Box 1382

(Street and or Mailing Address)

DARLINGTON, SC. 29540

(City, State, Zip Code)

843-616-8739

(Telephone Number)

Lenis Scott

(Signature and Title, i.e., President, Owner)

Pursuant to Regulation 103-164 applications are to state clearly and concisely the justification for the proposed suspension of service.

* Reason for Request for Suspension of Operations:

FINANCIAL REASSESSMENT OF MY COMPANY.